

POSITION	INITIALS	ID. NO.	DATE
FEE DETERMINATION	N.A	-	08/30/01
O.I.P.E. CLASSIFIER			9-06-01
FORMALITY REVIEW	AM	917	10-04-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original 12/03
1	✓
2	✓
3	0
4	✓
5	✓
6	✓
7	✓
8	✓
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18	
19	N
20	✓
21	N
22	✓
23	N
24	✓
25	N
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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